



**SUMMER 2017
GREATER VERNON MINOR HOCKEY ASSOCIATION
HOCKEY SCHOOL**

Player's Name: _____ (M / F)

Parent's Name: _____

Birth Date (month, day, year): _____ Ht. _____ Wt. _____

Medical No: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

EMAIL: _____

Please sign me up for:

Check one

1ST WEEK - Aug. 7-11

- 7 - 9 year olds.....\$350.
- 10 - 12 year olds.....\$350.
- Defenceman Camp (9-14 year olds).....\$350.
- Goalies (Indicate above camp).....\$250.

2ND WEEK - Aug. 14-18

- 5 - 7 year olds.....\$100.
- 8 - 10 year olds.....\$350.
- 11 - 14 year olds.....\$350.
- Female only (7 - 13 year olds).....\$350.
- Goalies (Indicate above camp).....\$250.

**Circle
Jersey size**
Youth - L, M, S

Adult - L, M, S

(No exchanges
pick accordingly)

MEAL PLAN

- \$35.

VISA/MASTERCARD

Name _____ Expiry _____

Card # _____

PLEASE READ & SIGN THIS WAIVER

I, as parent or guardian of the above mentioned child, authorize him to take part in the Greater Vernon Minor Hockey Association Hockey School. I will not hold the Greater Vernon Minor Hockey Association, its instructors or staff responsible for accidents or injury that may occur while participating in any activities directly involved with the hockey school.

Signature: _____